# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)		
NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)	
Hogue, Robert Charle	State Senate	
(10)	200L / 2006	
FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERE	STS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.	

USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

## ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
	State Senate State Capital Honduly	D	Senator
F SP F	Mid Week 45-525 Luluku Rd Kaneohe American saving Town Honolulu Howaii Sport Network/KKEA 1188 Bishop St LLZ Itonolulu	C B	Writer CRA Executive Announcer
F	Itawaii Pacific University	B	Announcer
<u></u>	itanolulu Itawanan Islanders Fort street Honolulu	B	Announcer

]Check here if entry is None

[ ]Check here if additional sheets are attached

# ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	none		ETHICS COMMISSION	RECEIVED
[LIChe	Check here if entry is None [ ]Check here if additional sheets are attac			eets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING TO PERIOD	DATE OF TRANSFER	
	none		
. 7	*		- L
	ITEM 4: CREDITORS	]Check here if additions	
st the na		s owed during the disclosu	re period and the

# ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
	none			
				·
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 			Oh asi have if additional	

[\sqrt{]Check here if entry is None [ ]Check here if additional sheets are attached

# ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
J	1188 Akumu street Kailva, Hi	420830680000	600,000
50	Kailva, Hi (10% ownership with mother, carol conrad)	430130190000	1,000,000

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	none		94 1

[ Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION	
J	1188 Akumu Street Kailua, Hi 420830680000	599,900 (sold 6/03)	Akau Family	

Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT		NAME OF STATE AGENCY
none		
	·	
	·	
[ ]Check here if entry is None		[ ]Check here if additional sheets are attached

#### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
	none			
·				
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			APR 21 PI2	ECEIVED
ſ√1Check he	re if entry is None	[ ]Check	here if additional sheets	are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Parent & Lague

4/20/04